UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of
The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 7, 2016

CORBUS PHARMACEUTICALS HOLDINGS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-37348**	**46-4348039**
(State or other jurisdiction of incorporation)	*(Commission File Number)*	*(IRS Employer Identification No.)*

100 River Ridge Drive, Norwood, MA	**02062**
(Address of principal executive offices)	*(Zip Code)*

Registrant's telephone number, including area code: **(617) 963-0100**

Not Applicable
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

On January 7, 2016, the Compensation Committee (the "Compensation Committee") of the Board of Directors (the "Board") of Corbus Pharmaceuticals Holdings, Inc. (the "Company") approved, upon recommendation from an independent compensation consultant engaged by the Compensation Committee, increases in base salaries and bonus targets for fiscal year 2016, as well as equity compensation awards for certain of the Company's executive officers, Yuval Cohen, Ph.D., Chief Executive Officer; Mark Tepper, Ph.D., President and Chief Scientific Officer; Barbara White, M.D., Chief Medical Officer; and Sean Moran, Chief Financial Officer.

The Compensation Committee approved increases in base salaries as follows: (i) an increase from $240,000 to $370,000 to Dr. Cohen; (ii) an increase from $240,000 to $320,000 to Dr. Tepper; (iii) an increase from $300,000 to $345,000 to Dr. White; and (iv) an increase from $200,000 to $305,000 to Mr. Moran.

The Compensation Committee approved increases in bonus targets as follows: (i) an increase from 33% of his base salary amount to 50% of his base salary amount to Dr. Cohen; (ii) an increase from 33% of his base salary amount to 45% of his base salary amount to Dr. Tepper; (iii) an increase from 33% of her base salary amount to 40% of her base salary amount to Dr. White; and (iv) an increase from 33% of his base salary amount to 40% of his base salary amount to Mr. Moran. The Compensation Committee has not yet determined the amount of cash bonuses, if any, for 2015 performance for these executive officers.

The Compensation Committee approved equity compensation awards as follows: (i) a grant of 530,000 stock options exercisable for shares of the Company's common stock to Dr. Cohen; (ii) a grant of 240,000 stock options exercisable for shares of the Company's common stock to Dr. Tepper; (iii) a grant of 240,000 stock options exercisable for shares of the Company's common stock to Dr. White; and (iv) a grant of 175,000 stock options exercisable for shares of the Company's common stock to Mr. Moran. The Company's equity compensation awards are based on the grant of stock option awards pursuant to the Company's 2014 Equity Compensation Plan (the "Plan"). The stock options will vest 25% on the one year anniversary of the grant date and the remainder in equal monthly installments over three years, with full acceleration of vesting upon a change in control (as defined in the Plan).

In determining and approving the increases in base salary and bonus targets, and determining and approving the equity compensation awards, the Compensation Committee considered general industry and industry peer group compensation information and recommendations provided by the Compensation Committee's independent compensation consultant.

In addition, the Compensation Committee approved, and the Board ratified, an increase to the annual fee paid to non-employee directors from $25,000 to $35,000, in accordance with the Company's Non-Employee Director Compensation Policy. All increases in base salaries, bonus targets and non-employee director compensation awards became effective as of January 1, 2016.

Item 7.01. Regulation FD Disclosure.

The Company is scheduled to present at the 8th Annual Biotech Showcase(TM) conference on January 12, 2016 at 11:00 a.m. Pacific Time. The Company is using the slides attached hereto as Exhibit 99.1 in connection with management presentations to describe its business at the 8th Annual Biotech Showcase(TM) conference.

The information in this Current Report on Form 8-K under Item 7.01, including the information contained in Exhibit 99.1, is being furnished to the Securities and Exchange Commission, and shall not be deemed to be "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing under the Securities Act of 1933 or the Securities Exchange Act of 1934, except as shall be expressly set forth by a specific reference in such filing.

Item 9.01. Financial Statements and Exhibits.

(d) The following exhibit is furnished with this report:

Exhibit No.	Description
99.1	Investor Presentation

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CORBUS PHARMACEUTICALS HOLDINGS, INC.

Dated: January 11, 2016

By: /s/ Yuval Cohen
Name: Yuval Cohen
Title: Chief Executive Officer

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor Presentation.


CORBUS
PHARMACEUTICALS
EXHIBIT 99.1
TARGETING THE IMMUNE SYSTEM IN RARE DISEASES
NASDAQ:CRBP | CORBUSPHARMA.COM

FORWARD-LOOKING STATEMENTS

This presentation contains certain forward-looking statements, including those relating to the Company's product development, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities and other statements that are predictive in nature. Additional written and oral forward-looking statements may be made by the Company from time to time in filings with the Securities and Exchange Commission (SEC) or otherwise. The Private Securities Litigation Reform Act of 1995 provides a safe-harbor for forward-looking statements. These statements may be identified by the use of forward-looking expressions, including, but not limited to, "expect," "anticipate," "intend," "plan," "believe," "estimate," "potential," "predict," "project," "should," "would" and similar expressions and the negatives of those terms. These statements relate to future events or our financial performance and involve known and unknown risks, uncertainties, and other factors which may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such factors include those set forth in the Company's filings with the SEC. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this presentation. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.

THE CORBUS BUSINESS MODEL

Focus	• Engaging the immune system to treat rare diseases • Serious morbidity + life-threatening indications with clear unmet need
Acquire	• Clinical stage pharma assets to build our pipeline • Focus on novel drugs that can impact current unmet medical need
Develop	• Rapidly translate lead candidates to clinical proof-of-concept & beyond • Obtain support from patient organizations and/or NIH
Market	• Work with patient organizations to meet patients' specific needs • Requires only small specialized sales forces • Leverage Orphan Drug Designation for market position and extended IP

MANAGEMENT TEAM

YUVAL COHEN PH.D.
CHIEF EXECUTIVE OFFICER
Co-founder and former President of Celsus Therapeutics (CLTX). Expertise in developing anti-inflammatory drugs including for CF

MARK TEPPER PH.D.
PRESIDENT & CHIEF SCIENTIFIC OFFICER
Former VP USA Research & Operations, EMD Serono; Sr. Investigator, Bristol-Myers Squibb

SEAN MORAN C.P.A. M.B.A.
CHIEF FINANCIAL OFFICER
Former CFO: InVivo (NVIV), Celsion (CLSN), Transport Pharma, Echo Therapeutics (ECTE) & Anika Therapeutics (ANIK)

BARBARA WHITE M.D.
CHIEF MEDICAL OFFICER
Board-certified Rheumatologist and clinical immunologist. Previously SVP and Head, R&D Stiefel , VP and Head of Inflammation Clin. Dev. for UCB & MedImmune, and Director, Medical Affairs, Amgen

SCOTT CONSTANTINE M.S.
DIRECTOR, CLINICAL OPERATIONS
Expertise in CF and Pulmonary diseases trials. Former Director, Clinical Research & Operations of Insmed and Clinical Program Scientist at PTC Therapeutics (PTCT)

RESUNAB™: OUR FIRST ASSET

- Novel synthetic oral endocannabinoid-mimetic with unique MOA
- First-in-class therapeutic currently in three Phase 2 programs
  - **Cystic Fibrosis (CF)**
    - Orphan Designation + Fast Track Status granted by FDA
  - **Diffuse Cutaneous Systemic Sclerosis ("SSc, Scleroderma")**
    - Orphan Designation + Fast Track Status granted by FDA
  - **Dermatomyositis (DM)**
- Acquired pharma asset with extensive Phase 1 safety data
- IP portfolio → 2033

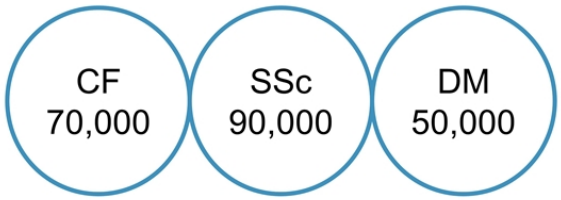
$5MM Award from CFF

NIH grant

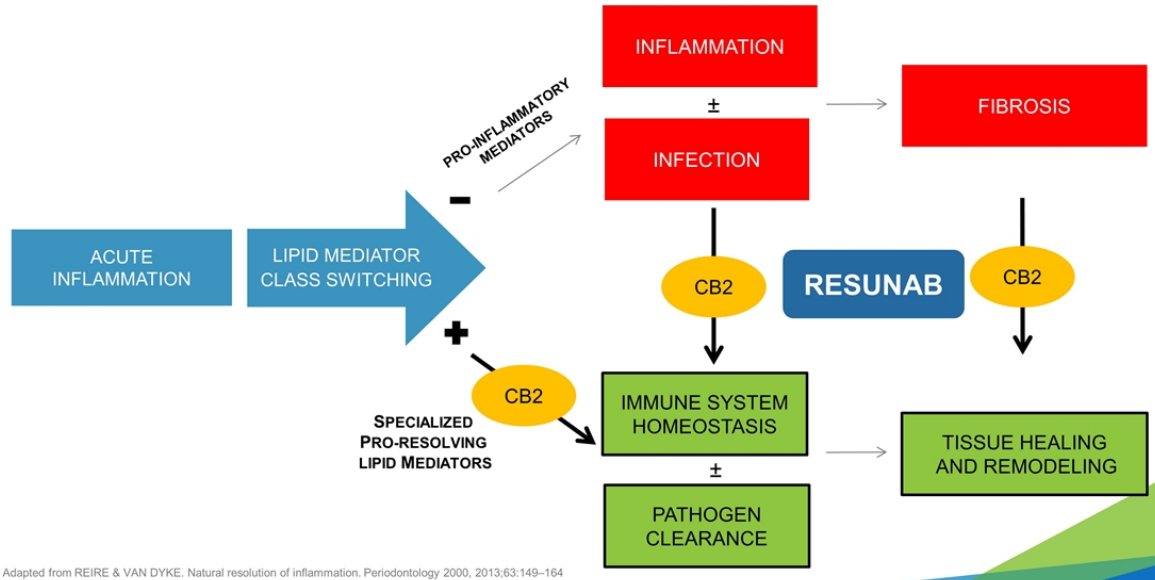
RESUNAB: CURRENT CLINICAL PIPELINE STATUS

INDICATION	CURRENT PHASE	ANTICIPATED DATA READOUT	ANTICIPATED NEXT STUDY	NDA
CYSTIC FIBROSIS (CF)	PHASE 2 (n=70)	Q4 2016	Q3 2017	2021
SYSTEMIC SCLEROSIS (SSc)	PHASE 2 (n=36)	Q4 2016	Q3 2017	2021
DERMATOMYOSITIS (DM)	PHASE 2 (n=22)	Q1 2017	Q1 2018	2022

NUMBER OF PATIENTS IN USA + EU

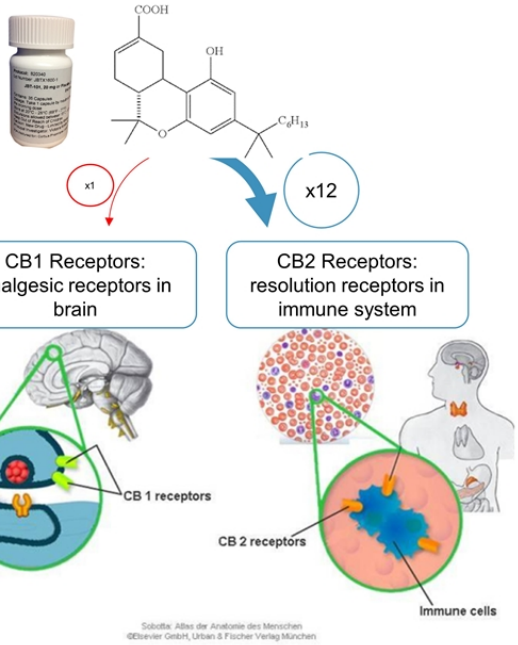


RESUNAB RESTORES HOMEOSTASIS DURING PATHOLOGIC IMMUNE REPONSES



Adapted from REIRE & VAN DYKE. Natural resolution of inflammation. Periodontology 2000, 2013;63:149–164

RESUNAB: UNIQUE TARGETING OF CB2 RECEPTOR

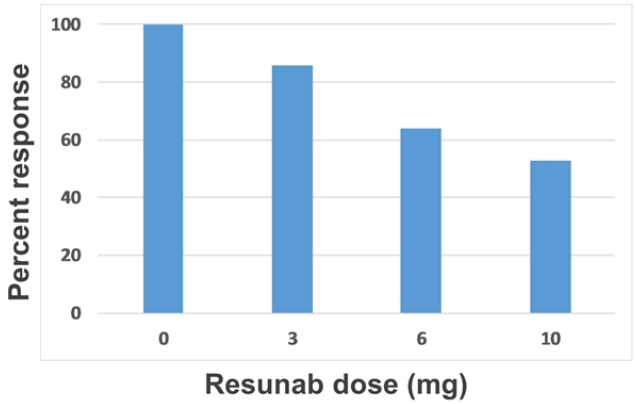


Only 30% BBB penetration

Total daily clinical dose 1-40 mg

CORBUS PHARMACEUTICALS

RESUNAB REDUCES THE PRO-INFLAMMATORY MEDIATOR INTERLEUKIN-1β IN HEALTHY HUMANS



Three healthy adults received single doses of 3, 6, and 10 mg Resunab. Five hours following each dose, peripheral blood mononuclear cells were isolated and stimulated with LPS, then IL-1β secretion was measured after 18 hours incubation. Percent of control response (prior to Resunab administration) was determined.

CORBUS PHARMACEUTICALS

RESUNAB: AN ATTRACTIVE CLINICAL SAFETY PROFILE

- Dose-dependent, mild to moderate AEs, no SAEs, no significant lab abnormalities
- Consistent with class effects at all doses, no unexpected AE's

Treatment Emergent Adverse Event (TEAE)	Treatment Emergent Adverse Events in ≥ Two Subjects for All Doses, by Severity of AE, n								
	All subjects all doses, n = 123, (% all subjects all doses)			**Subjects receiving ≥ 1 mg to ≤ 60 mg total daily dose, n = 52 (% all subjects at these doses)**			Subjects receiving ≥ 80 mg to ≤ 240 mg total daily dose, n = 71 (% of all subjects at these doses)		
	All TEAEs	Mild TEAEs	Moderate TEAEs	**All TEAEs**	**Mild TEAEs**	**Moderate TEAEs**	All TEAEs	Mild TEAEs	Moderate TEAEs
Dizziness	31 (18.8%)	18 (10.9%)	13 (7.9%)	**3 (5.8%)**	**3 (5.8%)**	**0**	28 (39.4%)	15 (21.1%)	13 (18.3%)
Nausea	19 (11.5%)	14 (8.5%)	5 (3.0%)	**2 (3.8%)**	**2 (3.8%)**	**0**	17 (23.9%)	12 (16.9%)	5 (3.0%)
Dry Mouth	14 (8.5%)	13 (7.9%)	1 (0.6%)	**1 (1.9%)**	**1 (1.9%)**	**0**	13 (7.9%)	12 (7.3%)	1 (0.6%)
Somnolence	10 (6.1%)	9 (5.5%)	1 (0.6%)	**1 (1.9%)**	**1 (1.9%)**	**0**	9 (5.5%)	8 (4.8%)	1 (0.6%)
Vomiting	10 (6.1%)	5 (3.0%)	5 (3.0%)	**1 (1.9%)**	**1 (1.9%)**	**0**	9 (5.5%)	4 (2.4%)	5 (3.0%)
Fatigue	9 (5.5%)	7 (4.2%)	2 (1.2%)	**0**	**0**	**0**	9 (5.5%)	7 (4.2%)	2 (1.2%)

CORBUS PHARMACEUTICALS


CYSTIC FIBROSIS:
FOCUSING ON
INFLAMMATION &
FIBROSIS
CORBUS
PHARMACEUTICALS

CYSTIC FIBROSIS

CF is a life-threatening, genetic disease that primarily affects the lungs and digestive system. CF is characterized by chronic lung inflammation that leads to lung damage and fibrosis.

30,000
PATIENTS IN THE USA

75,000
PATIENTS WORLDWIDE

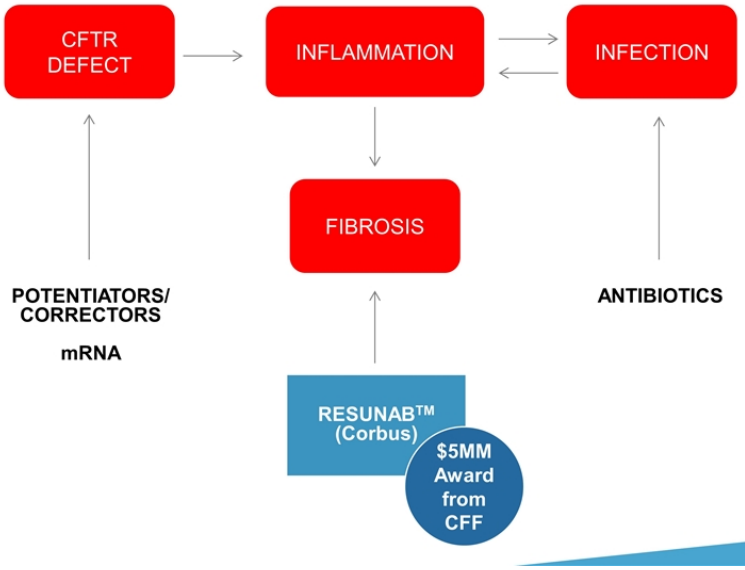
40 YEARS
AVERAGE LIFE EXPECTANCY OF CF PATIENTS

KEY TAKE-AWAYS

- Life-threatening, rare disease
- Inflammation and fibrosis play key role in CF morbidity and mortality
- Need for safe and effective drugs that target chronic inflammation and fibrosis is unmet and recognized
- Pharmacoeconomics are proven and favorable

CORBUS PHARMACEUTICALS

RESUNAB IS UNIQUELY POSITIONED IN CF

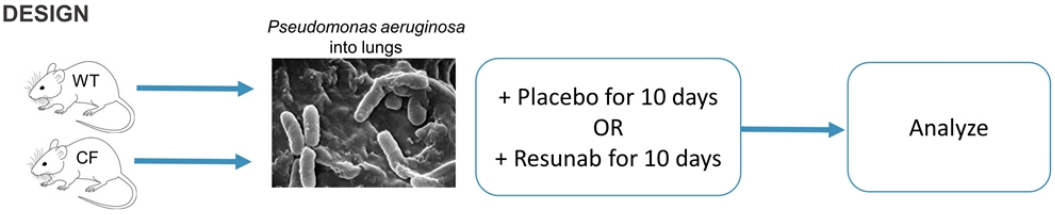


- First-in-class CB2 agonist in CF
- Targets inflammation and fibrosis
- Not immunosuppressive
- Agnostic of CFTR mutation or infection
- Oral, daily dosing
- Add-on to current therapy

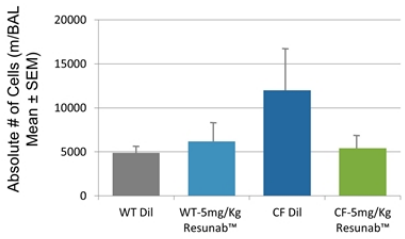
CHANGE THE CF TREATMENT PARADIGM: DAILY FOUNDATIONAL TREATMENT FOR ALL CF PATIENTS

RESUNAB RESOLVES LUNG INFLAMMATION IN PSEUDOMONAS AERUGINOSA INFECTED CF MOUSE MODEL

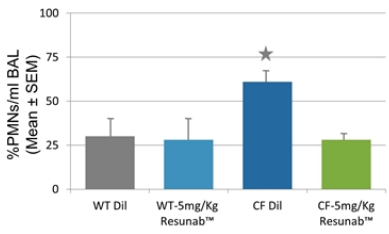
DESIGN



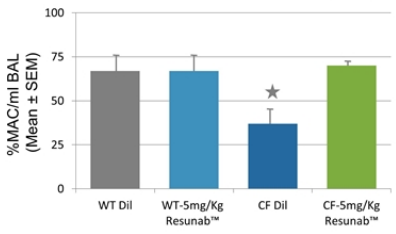
Total BAL Cell Recruitment Post-Resunab



Relative Number of Neutrophils



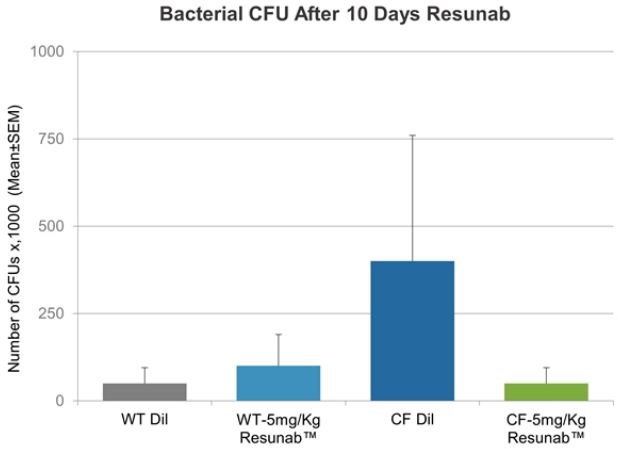
Relative Number of Alveolar Macrophages



Bonfield, Tracey; Tepper, Mark 2015

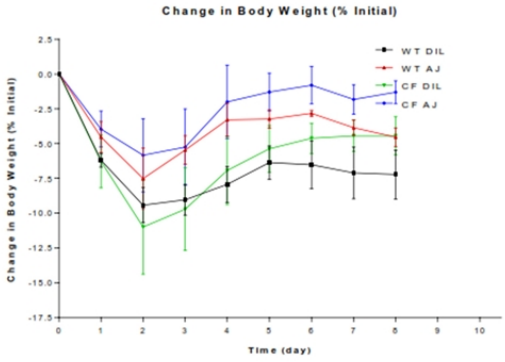
CORBUS PHARMACEUTICALS

RESUNAB ENHANCES RESOLUTION OF LUNG INFECTION IN CF MICE INFECTED WITH PSEUDOMONAS



Bonfield, Tracey; Tepper, Mark 2015

RESUNAB REDUCES WEIGHT LOSS AND IMPROVES SURVIVAL IN CF MICE INFECTED WITH PSEUDOMONAS



GROUP	SURVIVAL RATE DAY 10
WT	5/5 (100%)
WT + Resunab	5/5 (100%)
CF	3/5 (60%)
CF + Resunab	5/5 (100%)

Bonfield, Tracey; Tepper, Mark 2015

CORBUS PHARMACEUTICALS

RESUNAB: CYSTIC FIBROSIS PHASE 2 TRIAL

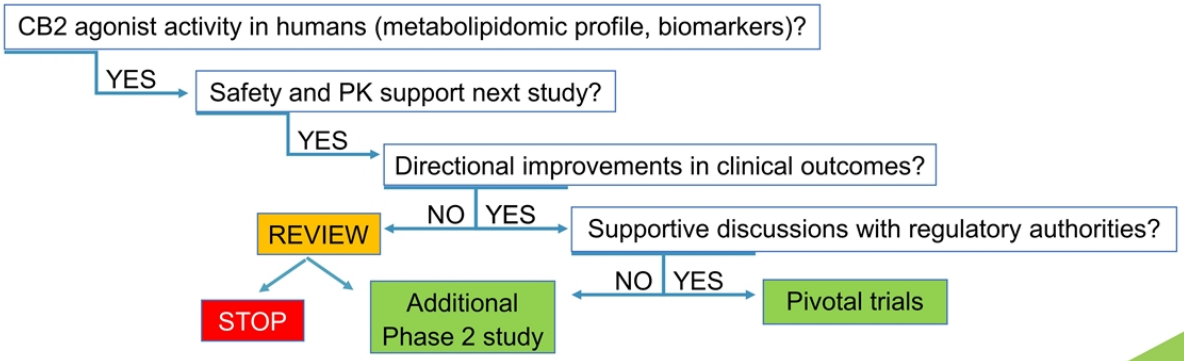
Primary Endpoint:
Safety and Tolerability

Secondary Endpoint:
Directional Trends in Efficacy + PK

- Double blind randomized placebo control study in the US and EU
- **Primary endpoints:** Safety/tolerability
- **Secondary endpoints:** Trends in efficacy (FEV1, Lung Clearance Index, CFQ-R Respiratory Symptom Score) + PK
- **Exploratory endpoints:** Metabolipidomic profile for MOA, biomarkers of disease activity and inflammation in blood and sputum, and microbiota in the lungs
- **Patient number:** 70 adults with CF in ~25 sites US & EU
- **Treatment duration:** 84 days treatment with 28 days follow-up
- **Dose response:** 1 mg/day, 5 mg/day, 20 mg/day and 20 mg/day twice a day

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016
IND open with FDA		✓						
Study launch			✓					
First patient dosed				✓				
Study duration				✓	✓	✓	✓	✓
Anticipated last patient dosed								✓
Anticipated top-line study data								✓

DECISION MAKING AFTER OUR CURRENT PHASE 2 TRIALS: DEFINING SUCCESS




DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS:
RELIEF FOR A DISEASE WITH NO APPROVED TARGETED THERAPY
CORBUS
PHARMACEUTICALS

SYSTEMIC SCLEROSIS

Chronic inflammatory disease causing fibrosis of skin and internal organs

90,000
PATIENTS IN USA + EU

80%
FEMALE PATIENTS

40-60 YEARS
AVERAGE AGE OF PATIENTS

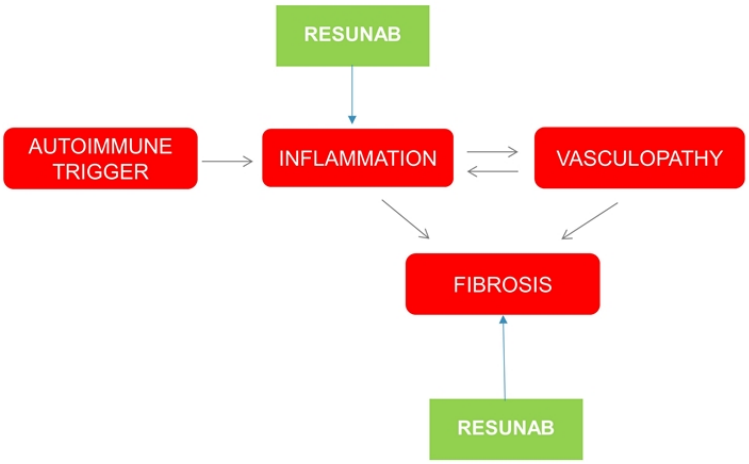
LUNG FIBROSIS
COMMON CAUSE OF DEATH -
40%-60% MORTALITY IN 10 YEARS

KEY TAKE-AWAYS

- Life-threatening, rare disease
- No SSc-specific approved drugs
- Current therapy involves steroids and immunosuppressive agents with significant toxicities
- Need for proven safe and effective therapies

CORBUS PHARMACEUTICALS

THERAPEUTIC RATIONALE FOR RESUNAB IN SYSTEMIC SCLEROSIS (SSc)

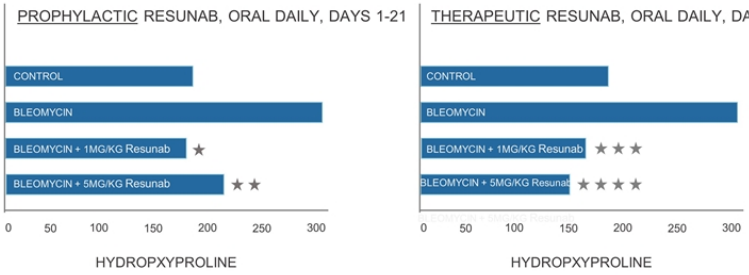


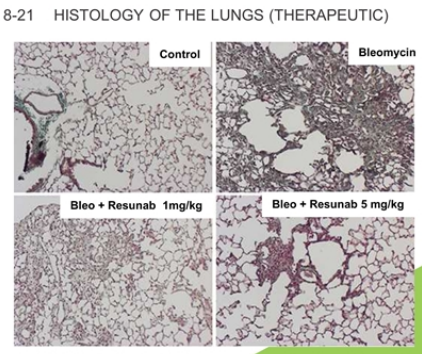
- Would be first approved drug in SSc
- Targets multiple disease pathways
- No immunosuppression
- Oral, daily dosing

SET THE SSc TREATMENT PARADIGM: CONTROL ACTIVE DISEASE WITHOUT IMMUNOSUPPRESSION

PROPHYLACTIC AND THERAPEUTIC RESUNAB INHIBIT COLLAGEN DEPOSITION IN BLEOMYCIN-INDUCED LUNG FIBROSIS

- Bleomycin intratracheal injection, Day 1
- Mice sacrificed after 21 days
- Resunab by gavage, Days 1-21 (prophylactic) or Days 8-21 (therapeutic)

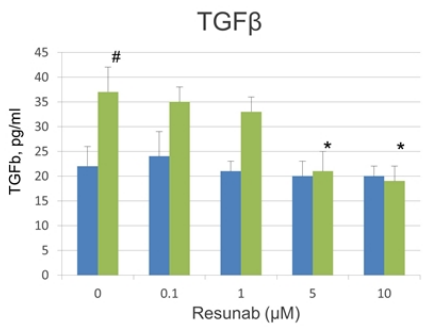


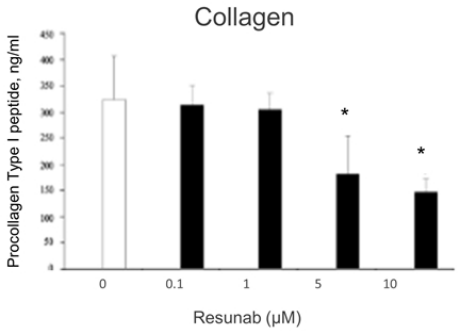


*p = 0.002, **p = 0.004, ***p = 0.001, ****p = 0.0001, bleomycin + Resunab treatment versus bleomycin

RESUNAB REDUCES BIOMARKERS IN FIBROBLASTS FROM SSc PATIENTS

Cultured human dermal fibroblasts from healthy volunteers or patients with diffuse cutaneous systemic sclerosis





#p < 0.001 versus healthy fibroblasts
*p < 0.0001 versus untreated fibroblasts

*p < 0.0001 versus untreated fibroblasts

Gonzalez et al, Biochem Pharmacol 2003; 65: 649-655

- Healthy donor dermal fibroblasts
- Diffuse cutaneous systemic sclerosis dermal fibroblasts

CORBUS PHARMACEUTICALS

RESUNAB: SSc PHASE 2 CLINICAL TRIAL

Primary Endpoint:
Change in CRISS Score + Safety/Tolerability

Secondary Endpoint:
Directional Trends in Efficacy

- Double blind placebo control randomized study in US under IND from FDA
- **Primary end points:** Change in clinical outcomes (CRISS) + Safety/tolerability
- **Secondary end points:** Quality of life, biomarkers of inflammation and fibrosis in blood and skin, metabolipidomic profile, PK
- **Patient number:** 36 adults with diffuse cutaneous SSc at 10 US sites
- **Treatment duration:** 84 days treatment with 28 days follow-up
- **Dose response:** 5 mg/day, 20 mg/day and 20 mg/day twice a day

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016
IND open with FDA	✓							
Study launch			✓					
First patient dosed				✓				
Study duration				✓	✓	✓	✓	✓
Anticipated last patient dosed								✓
Anticipated top-line study data								✓


DERMATOMYOSITIS:
CRITICAL UNMET NEED
IN RARE DISEASE
25
CORBUS
PHARMACEUTICALS

DERMATOMYOSITIS

is a connective tissue disease characterized by inflammation of skin and muscles

50,000
PATIENTS IN THE USA + EU

SKIN & MUSCLE

ORGANS AFFECTED RESULTING IN SEVERE MORBIDITY AND EVEN MORTALITY

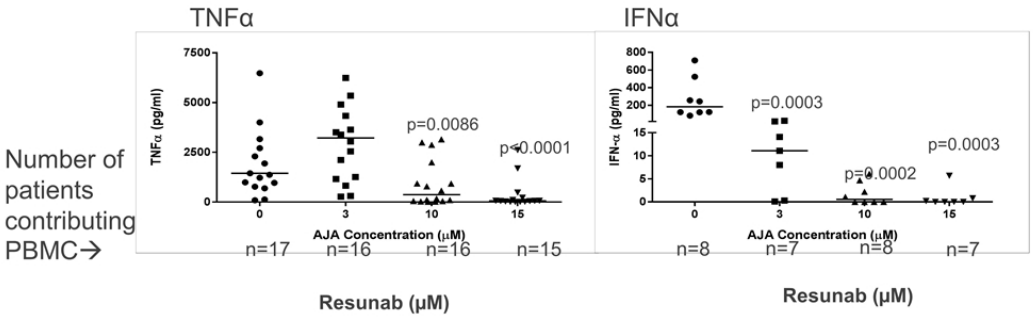
NO FDA

APPROVED THERAPIES FOR OVERALL DISEASE ACTIVITY

KEY TAKE-AWAYS

- Treated with steroids and immunosuppressive therapies but with significant toxicities
- Single center study underway at University of Pennsylvania
- NIH is funding the study
- Data read out expected in early 2017

RESUNAB REDUCES PRO-INFLAMMATORY CYTOKINE PRODUCTION IN ISOLATED PBMC FROM DERMATOMYOSITIS PATIENTS



The LPS-stimulated PBMCs of DM patients

The median quantity of IFN-α secreted from CPG-stimulated PBMCs of DM patients

Robinson et al, J Invest Dermatol 135:S10 (abstr #56), 2015.

RESUNAB: DM PHASE 2 CLINICAL TRIAL

Primary Endpoint:
Change in CDASI Score + Safety/Tolerability

Secondary Endpoint:
Directional Trends in Efficacy

- Study funded by NIH award to University of Pennsylvania
- Double blind placebo control randomized study in USA under IND from FDA
- **Primary end points:** Safety/tolerability + change in skin activity and severity (CDASI)
- **Secondary endpoints:** Quality of life, biomarkers of inflammation and disease activity in blood and skin, metabolipidomic profile, PK
- **Patient number:** 22 adults with DM at 1 US site - University of Pennsylvania Perlman School of Medicine
- **Treatment duration:** 84 days treatment with 28 days follow-up
- **Dose response:** 20 mg/day and 20 mg/day twice a day

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	1Q2017
IND open with FDA	✓								
Study launch		✓							
First patient dosed			✓						
Study duration			✓	✓	✓	✓	✓	✓	✓
Anticipated last patient dosed									✓
Anticipated top-line study data									✓

BOARD OF DIRECTORS

YUVAL COHEN, PH.D.
CHIEF EXECUTIVE OFFICER

AMB. ALAN HOLMER
CHAIRMAN OF THE BOARD
Former CEO of PhRMA (1996-2005)
Over two decades of public service in Washington, D.C. including Special Envoy to China (2007-2009)
Former board member Inspire Pharma
Chairman of the Board of the Metropolitan Washington, D.C. Chapter of the Cystic Fibrosis Foundation

AVERY W. (CHIP) CAITLIN
CFO Celldex Therapeutics (CLDX) since 2000
Raised over $600MM financing
Over 20 years experience in industry: Repligen (CFO) and Endogen (CFO)

DAVID HOCHMAN
Managing Partner of Orchestra Medical Ventures
Over 17 years of venture capital and investment banking experience
Former Managing Director of Spencer Trask Ventures, Inc. securing over $420 million in equity capital

RENU GUPTA, M.D.
Over 25 years of development, regulatory and senior management experience in the biopharm industry
Former CMO of Insmed, a specialty CF company and current advisor to the CEO
Former Vice President and Head of US Clinical Research and Development at Novartis (2003-2006)

WORLD-CLASS SCIENTIFIC ADVISORS

CHARLES N. SERHAN, PH.D.
BRIGHAM AND WOMEN'S HOSPITAL; HARVARD MEDICAL SCHOOL
Director of CET&RI; Professor of Anesthesia, Perioperative and Pain Medicine, Infection and Immunity

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Professor of Pulmonary and Critical Care Medicine

JAMES CHMIEL, M.D.
CASE WESTERN RESERVE MEDICAL SCHOOL
Professor Medicine, National PI on largest ever anti-inflammatory CF study

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UCLA SCHOOL OF MEDICINE
Director of UCLA Scleroderma Program

ETHAN BURSTEIN, PH.D.
ACADIA PHARMACEUTICALS INC.
Senior Director of Biosciences

SUMNER BURSTEIN, PH.D.
UMASS MEDICAL SCHOOL
Professor of Biochemistry and Pharmacology; inventor of Resunab

ROBERT ZURIER, M.D.
UMASS MEDICAL SCHOOL
Professor of Medicine & Chair of Rheumatology, Emeritus

FINANCIAL PROFILE: CRBP (NASDAQ)

$52.6MM
Market cap*

37.6 MM
Common shares outstanding
(43MM fully diluted)*

$22 MM
Raised to-date
+
$5MM
Award from CFF

158,168
90d average daily volume*

* As of January 7, 2016

MILESTONES 2016

ANTICIPATED DATE	MILESTONE
Q1	Continue enrollment and dosing for our 3 phase 2 studies, add EU sites for CF
Q2	Orphan designation for CF in EU Additional pre-clinical mechanistic studies in CF European CF Conference 2016
Q3	Orphan designation for SSc in EU Complete patient enrollment in CF and SSc studies NACFC 2016
Q4	**Topline data from CF and SSc studies** ACR 2016

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